

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 52.00: RATES OF PAYMENT FOR CERTAIN CHILDREN'S BEHAVIORAL HEALTH SERVICES

Section

52.01: General Provisions

52.02: General Definitions

52.03: Rate Provisions

52.04: Reporting Requirements and Sanctions

52.05: Severability

52.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 52.00 governs the rates effective November 1, 2008 to be used by all governmental units for certain outpatient children's behavioral health services provided by Community Service Agencies and other eligible providers. 114.3 CMR 52.00 does not govern rates for Psychological Testing services, which are governed by 114.3 CMR 29.00: Psychological Services, or rates for Mental Health services, which are governed by 114.3 CMR 6.00: Rates of Payment for Mental Health Services provided by Community Health Centers and Mental Health Centers. In addition, 114.3 CMR 52.00 does not govern rates for other services, care and supplies provided to publicly-aided patients, including, but not limited to, Psychiatric Day Treatment services, Early Intervention services, and Medical services provided in community health centers.

(2) Disclaimer of Authorization of Services. 114.3 CMR 52.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 52.00. Purchasing agencies and insurers are responsible for the definition, authorization, and approval of care and services extended to publicly-aided clients.

(3) Administrative Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 52.00.

(4) Authority. 114.3 CMR 52.00 is adopted pursuant to M.G.L. c. 118G.

52.02: General Definitions

Meaning of Terms. Terms used in 114.3 CMR 52.00 shall have the meaning ascribed in 114.3 CMR 52.02.

Care Manager. A single care manager who works with the child's parent(s) or guardian(s) to provide Targeted Case Management.

Clinic. A clinic that is licensed by the Department of Mental Health as a provider of mental health clinic services that is not a Community Health Center or a Community Mental Health Center

Community Health Center. A clinic which provides comprehensive ambulatory services and which is not financially or physically an integral part of a hospital.

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 52.00: RATES OF PAYMENT FOR CERTAIN CHILDREN'S BEHAVIORAL HEALTH SERVICES

Community Mental Health Center. A clinic which provides comprehensive ambulatory mental health services and which is not financially or physically an integral part of a hospital.

Community Service Agency. A Community Service Agency (CSA) is a Clinic, Community Health Center, Community Mental Health Center or other provider entity that meets all other requirements established by MassHealth.

Division. The Division of Health Care Finance and Policy.

Eligible Provider. Eligible providers of Targeted Case Management are designated CSAs. Eligible providers of Parent/Caregiver Peer to Peer Support include CSAs, and any other provider entity that meets the conditions of participation established by MassHealth.

Family Partner. A Family Partner must have experience as a caregiver of youth with special needs, preferably youth with mental health needs, experience in navigating any of the youth and family- serving systems, and either a bachelor's degree in a human services field from an accredited academic institution, or an associates degree in a human services field from an accredited academic institution and one year of experience working with children/adolescents/transition age youth and families, or a high school diploma or equivalent and a minimum of two years of experience working with children/adolescents/transition age youth and families. If the bachelor's or associate's degree is not in a human services field, additional life or work experience may be considered in place of the human services degree.

Governmental Unit. The Commonwealth of Massachusetts or any of its departments, agencies, boards, commissions or political subdivisions.

Individual Consideration. Payment rates to eligible providers for services authorized in accordance with 114.3 CMR 52.03(2), but not listed herein, or authorized services performed in exceptional circumstances shall be determined on an Individual Consideration basis by the governmental unit or purchaser under M.G.L. c. 152 upon receipt of a bill which describes the services rendered. The determination of rates of payment for authorized Individual Consideration procedures shall be in accordance with the following criteria:

- (a) Time required to perform the service;
- (b) Degree of skill required for service rendered;
- (c) Severity and/or complexity of the client's disorder or disability;
- (d) Policies, procedures, and practices of other third party purchasers of care;
- (e) Such other standards and criteria as may be adopted from time to time by the Division pursuant to 114.3 CMR 52.03(4).

Targeted Case Management (TCM). This service is for individuals under the age of 21 with serious emotional disturbance and includes assessment of the member, development of an individualized care plan, referral and coordination of other services and supports, and monitoring and follow-up on the implementation of the care plan. Targeted Case Management is also referred to as Intensive Care Coordination (ICC).

Parent/Caregiver Peer to Peer Support. This service provides a structured one-to-one relationship between a Family Partner and a parent(s) or caregiver(s) for the purpose of resolving or ameliorating the child's emotional and behavioral needs by improving the capacity of the

## 114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

## 114.3 CMR 52.00: RATES OF PAYMENT FOR CERTAIN CHILDREN'S BEHAVIORAL HEALTH SERVICES

parent(s) or caregiver(s) to parent the child with a serious emotional disturbance. Services may include education, support and training for the parent(s) or caregiver(s). Family Partners do not provide respite care or babysitting services.

Publicly-Aided Individual. A person for whose medical and other services a governmental unit is in the whole or in part liable under a statutory program.

52.03: Rate Provisions

(1) Rates as Full Compensation. The rates under 114.3 CMR 52.03 shall constitute full compensation for children's behavioral health services provided by community service agencies to publicly-aided patients, including full compensation for necessary administration and professional supervision associated with patient care.

(2) Rates of Payment. Payment rates under 114.3 CMR 52.03 shall be the lower of:  
 (a) the Eligible Provider's usual charge to the general public; or  
 (b) the schedule of allowable rates for services as set forth in 114.3 CMR 52.03(3)(a).

(3) Fee Schedule.

(a) Unit of service is per 15 minutes, unless otherwise indicated.

Code	Rate	Service Description
T1017-HO	19.09	Targeted case management, each 15 minutes (service provided by a Master level care manager).
T1017-HN	15.72	Targeted case management, each 15 minutes (service provided by a Bachelor level care manager)
H0038	13.03	Self-help/peer services, per 15 minutes (Parent/Caregiver Peer to Peer Support service provided by a Family Partner)

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. The publication of such updates and corrections will list:

- (a) codes for which the code numbers only changed, with the corresponding cross-walk;
- (b) codes for which the code number remains the same but the description has changed;
- (c) deleted codes for which there is no cross-walk. In addition, for entirely new codes which require new pricing, the Division will list these codes and apply Individual Consideration in reimbursing these new codes until rates are established.

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 52.00: RATES OF PAYMENT FOR CERTAIN CHILDREN'S BEHAVIORAL HEALTH SERVICES

(5) Billing. Each eligible provider shall bill the governmental unit according to the appropriate fee schedule on a prescribed form. Each specific service must be separately enumerated on the bill.

52.04: Reporting Requirements and Sanctions

(1) Annual Reports. Each Eligible Provider must file an annual, and complete Uniform Financial Report in accordance with the filing requirements of the Operational Services Division as specified in its Audit and Preparation Manual.

(a) Additional Information. Eligible Providers must file such additional information as the Division may require.

(2) Failure to File Required Reports. The Division may reduce an Eligible Provider's payment rate if the Provider fails to submit accurate and timely information as required above. The Division may reduce the Provider's rate by 5% per month of non-compliance, not to exceed 50%. If the Provider has not filed the required data at such time as the Division adopts revised payment rates that are higher than the penalty-adjusted current rates, the Provider's rates will not be increased. If the revised rates are lower than the penalty-adjusted current rates, the revised rate will become effective and subject to further penalty for non-compliance. The Division may also notify the governmental purchasing agency of the Provider's failure to submit required data and request that the Provider be removed from the purchasing agency's list of Eligible Providers.

52.05: Severability of the Provisions of 114.3 CMR 52.00

The provisions of 114.3 CMR 52.00 are severable, and if any provision of 114.3 CMR 52.00 or application of such provision to any community service agency or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 114.3 CMR 52.00 or application of such provisions to community service agencies or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 52.00: M.G.L. c. 118G.